

**MONTANA LIMITED LIABILITY
COMPANY ANNUAL REPORT**

Prepare, sign, submit with an original signature and filing fee.

MAIL: **BRAD JOHNSON**
Secretary of State
P.O. Box 202802
Helena Montana 59620-2802

PHONE: (406)444-3665
FAX: (406)444-3976
WEB SITE: *sos.mt.gov*



This is the minimum information required
(This space for Secretary of State use only)

Filing Fee on or before April 15th: \$15.00
After April 15th: \$30.00

☐ **24 Hour Priority Filing Add \$20.00**

☐ **1 Hour Expedite Filing Add \$100.00**

**MUST BE RETURNED IN ORDER FOR YOUR LIMITED LIABILITY
COMPANY TO REMAIN ACTIVE AND IN GOOD
STANDING AND PREVENT INVOLUNTARY
DISSOLUTION/REVOCATION PER 35-8-208, MCA**

**To help you determine what information is on file with this office, please call the above phone number or use our
business entity search at app.discoveringmontana.com/bes**

Exact Name of Limited Liability Company: _____

Registered Agent Information.

The name and address of the Registered Agent/Office in Montana:

Name of Registered Agent: _____ Phone (Optional): _____

E-Mail Address (Optional): _____

Street Address: _____ City: _____ MT Zip: _____

(or Physical Location)

Mailing Address/PO Box*: _____ City: _____ MT Zip: _____

*Complete if mailing address is different from street address or physical location and both addresses must be in Montana.

Signature of New Registered Agent (required if changed): _____

1. State of Organization: _____
2. Address of Principal Office in state of organization: _____

3. Limited liability company is managed by: ☐Managers or ☐Members. Please check either box. (This information must agree with our records).
4. Names and addresses (street name and number) of Managers or Members: (To remove managers or members see opposite page).

INSTRUCTIONS FOR REMOVING MEMBERS OR MANAGERS

DOMESTIC:

- ❖ **Statement of Dissociation-** The only time you need to file a Statement of Dissociation is when a member has dissociated (withdrawn) from the limited liability company. Prepare a separate Statement of Dissociation to remove each member. The Statement of Dissociation must state the name of the LLC and the name of the specific member that is being dissociated from the LLC. The Statement of Dissociation can be signed by the specific member being removed or by one of the other listed members. The filing fee is \$15.00 per Statement of Dissociation, and you must file one statement for each member being removed.
- ❖ **Managed by Members-** If a member is no longer managing the LLC but remains a member, a Statement of Dissociation is NOT required. Simply do not list their name as a manager.
- ❖ **Managed by Managers-** If a manager is no longer managing the LLC and is not a member, a Statement of Dissociation is NOT required. Simply do not list their name as a manager.

FOREIGN:

- ❖ **Managed by Members of Managers-** Members or managers can be removed from the annual report

5. Professional Limited Liability Companies only. I certify that all the members and not less than one-half of the managers are qualified with the proper licensing authority in Montana or meet higher standards as specified by that licensing authority.
6. By my signature below, I, a member of the above limited liability company authorized to execute documents on its behalf, do state that any and all statements contained herein are true and are based upon actions taken by the LLC in accordance with the statutes or its articles of organization or operating agreement.

I further state that the LLC remains in existence and has taken the necessary actions during the past year to preserve the status.

Signature of member

Printed name of member signing

Date

Member address

All information provided, including names and addresses of members or managers, will be made available on the Secretary of State's web site or upon request.

Sign and include correct filing fee:
\$15.00, if filed on or before April 15th
\$30.00, if filed after April 15th

Please send fee and completed report to:
Brad Johnson (406) 444-3665
Secretary Of State
P.O. Box 202802
Helena MT 59620-2802

Make checks payable to **Secretary Of State, Helena MT 59620-2802**